NC DIVISION MH/DD/SAS
MEDICAID SERVICES AUDIT
2009
CAP-MR/DD
AUDITOR GUIDELINES

Q1 – Service Authorization:

- If the provider does not have evidence of authorization from ValueOptions (VO), check for service authorization that covers the date of service being reviewed on the spreadsheet provided by VO (on computer – see a team leader).
- **Rating:**
    - If authorization is present, mark Q1a = "4".
    - If no authorization**,** rate Q1a = "0".
    - If Q1a is rated "0", enter the dates in Q1b. **FROM is the first date when there was no valid authorization, or 7/1/08; TO is the last date there was no valid authorization or the date of the audit**, if there is still no authorization.

Q2 – Provider Enrollment

Request to see the letter from DMA that indicates the provider agency is enrolled in Medicaid to **deliver the specific service for which they have been paid.** The service must be listed in the letter to rate the question "4". If no letter is present or the service is not listed in the letter the rating is "0". If Q2a is rated "0", enter the dates in Q2b. **FROM is the first date when there was no provider enrollment for the specific service, or 7/1/08; TO is the day before the letter verifying enrollment or the audit if there is no letter.**

Q3 – Service Plan is Current:

- Initial plan and annual CNR/POC must be signed by the legally responsible person or person if over 18 and not adjudicated incompetent and the case manager (if CM is not a QP then a QP must also sign). Service Order is the CNR/POC signed by the appropriate professional. Signatures must be in place on or before the date of service.
- Plans must be completed annually during the individual's birthday month. The plan is effective the first day of the month following the birth month.
- Plans that have been reviewed and/or revised must have signatures of those listed above. Target dates must be reviewed and revised if the outcome/goal/objective is continued after the projected date of accomplishment.
- Target dates may not exceed 12 months.
- 3a. Dates: **FROM is the first date the CNR/POC is not valid (no farther back than 7/1/08). TO is the date a valid CNR/POC went into effect, or the date of the audit**.

Q4 – Documentation is Initialed & Signed:

- The service provider is to initial for each day he/she provides service to the individual
- Each provider must fill out the information on the back of the grid—print name, full signature, including position (paraprofessionals) or credentials (professionals) and initials. (The position/credentials do not have to be handwritten, but they have to be there).
- The initials on the back of the form need to match with those on the front to determine that the provider signed the service note.

- **Rating**
    - **4**=initials and full signature including credentials/position is evident
    - **2**=initials and signature are present but no position or credentials

- **0**=no initials and/or signatures

If there is **no service documentation for the date being audited**, mark this question "6 = No service note". Also mark "6" for Qs 5, 6, 7, 8, and 9.

Q5 – Service Note Relates to Goals

- Service note reflects purpose of the intervention
- Service note/log documentation corresponds to an outcome on the CNR/POC. Outcomes may be re-written verbatim, paraphrased, or represented by #.
- The outcome cannot be expired or overdue for a review.

- **Rating**
  - **4**=all interventions documented in the service note relate to goals listed in the CNR/POC.
  - **2**=not all interventions documented in the service note relate to goals listed in the CNR/POC.
  - **0**=none of the interventions documented in the service note relate to goals listed in the CNR/POC

Q6 – Documentation Reflects Treatment for the Duration of Service:

- Service note reflects intervention
  - The intervention relates back to the stated purpose in the service note
  - If the intervention relates to a goal in the plan but it isn't the stated goal on the note, do not call out of compliance, but make a clear comment in the comment section.

- Determine that the documentation provided for a specific date of service adequately represents the number of units paid
- **Rating**
  - **4**= the note reflects treatment for the entire duration paid.
  - **2**= the note reflects treatment for more than half of the duration paid.
  - **0**= the note reflects treatment for less than half of the duration paid.

Q7 Documentation Reflects Assessment of Progress towards goals:

- **Assessment of person's progress toward goals** / effectiveness for the individual (how did it turn out for the individual; how did the individual respond to the intervention?).

- **Rating**
  - **4**= there is a clear indication of the assessment of the intervention
  - **2**= there is minimal indication of the assessment of the intervention
  - **0**= there is no indication of the assessment of the intervention

Q8 – Specific Service Definition Requirements are Met:

Please see Attachment for Specific Service Definition Requirements and ratings.

Q9 – Units Paid Match the Duration of Service:

- Duration of service for periodic services must be documented.

- Units paid and duration must be an exact match, however, if fewer units are billed than are documented, do not call this out of compliance.

- **Rating:**
    - 4=units paid are equal to or less than units documented.
    - 0= units paid are greater than units documented

Q10 – Qualifications and Training

- Review personnel record of staff that provided the service.
- For QPs, verify both education and experience, per Core Rules requirements
- Review education and training documentation for each item listed on the Qualifications Checklist.
- All providers of CAP-MR/DD services must be a QP, AP or staff with at least a HS diploma or GED supervised by a QP:
- All staff must be deemed qualified to provide the service on or before the date of service.
- Paraprofessional and professional staff must meet the educational requirements per individual CAP-MR/DD services.
- **Enhanced Services:** any special training required by the CNR/POC must be followed.
- If the Service Note/Log is not signed or missing, staff qualification/core competencies are rated "7".

Q11 – Supervision Plans:

- Individualized supervision plans are required for **paraprofessionals and associate professionals.**
- Review each supervision plan to determine frequency/duration of required supervision. **If a supervision plan is in place, rate Q11a="4".**
- Supervision plans must be implemented as written. Review documentation of supervision against the supervision plan requirements**. If the supervision plan was implemented as written, rate Q11b="4".**
- **An agency policy on supervision, even if it includes frequency/duration of supervision may not be accepted** in lieu of an individual supervision plan.
- If the supervision plan is not implemented as written, **enter the dates of non-compliance in 11c**, for example:
    - Supervision plan calls for 1/month supervision. Event date is March 12. Enter "FROM: March 1 TO: March 31, 2008" in Q13c.
    - Supervision plan calls for 1/week supervision. Event date is March 12. Ask what the work week is (i.e., Monday-Sunday). Look up corresponding dates for the week and enter in Q13c.
- Both Q11a and Q11b must be rated "4" to have an overall rating for Q11 = 4.
- If the Service Note/Log is not signed or missing, Q11 is rated "7".

Q12– CRIMINAL RECORD CHECKS

- **All providers of CAP-MR/DD services must have a criminal background check prior to service delivery.**
- **If 12a is rated "No", enter dates. FROM: is the first date there was no Criminal Record Check (no farther back than 7/1/08) TO: is the date the Criminal Record Check was done, or the date of the audit.**
- If the Service Note/Log is not signed or missing, Q12 is rated "7".
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Q13 – Health Care Personnel Registry (HCPR) Check:

- There may be **no substantiated finding of abuse or neglect** listed on the NC Health Care Personnel Registry for unlicensed providers. The Health Care Personnel Registry Check is not required for licensed providers.
- 13a - **Dates:**
    - If the HCPR Check is non-existent or after the date of service, **FROM is the date of hire or 7/1/08, whichever is later, TO: is the date of the audit, the date the HCPR Check was completed or the last date of employment.**
    - If there is a substantiated finding, **FROM** is the date of the finding. **TO: is the date of the audit or the last date of employment.**
- If the Service Note/Log is not signed or missing, Q13 is rated "7".

Comment Section:

- **Comment on/clarify any questions receiving ratings of 0 or 2.** There needs to be a good/factual explanation for any item rated out of compliance. For example, if Q5 is rated "0", write "#5" in the Comment Section and explain why it was rated out of compliance. **Do not repeat the question, add specific information regarding why the item was rated 0 or 2.**
- Attach copies of documentation for elements found out of compliance. **All items rated 0 and 2 must have a copy of something attached as evidence, UNLESS it is "not met" because it doesn't exist – no CNR/POC at all, or no service note at all.** Make sure your comments explain the situation if nothing is attached.
- Note and make recommendations regarding other service plan or service note/log deficiencies that are out of compliance
- If an alternate/back-up control sheet is used, note this in the comments section of the audit form and attach a copy of the documentation confirming the date and amount of the payback for the event excluded.
- There are **2nd sheets** available for comments if all comments don't fit on the audit tool. Please use these sheets rather than crowding the bottom of the audit tool.

General Information

- Auditor must complete all sections of the audit sheet and will be responsible for acquiring all needed information.
- Review all tools for completeness before returning any records to the provider.
- Completed audit tools must be reviewed by a team leader prior to copying tools and releasing the provider and their records.
- ENSURE THAT NO **ORIGINAL** AUDIT TOOLS ARE GIVEN TO THE PROVIDER. The audit tools and copies will be 2 different colors.
- If Q5 (signature on note) is rated "6" because the note is missing, also rate Qs 6, 7, 9, 10 = "6".

- **Pink (Plan of Correction) Sheets:**
    - Complete pink (POC) sheets as you go along – if you notice that something is a **systemic issue** as you are auditing, go to the pink sheet and circle the appropriate corrective action.
    - Review pink sheets when audit is complete to ensure that all areas that need corrective action are included.

- If there is a statement that needs to be made that would not be covered by the corrective action choices, use the General Summary section – this will appear in the report.
- If there are significant pieces of documentation not provided at the audit, use the statement at the end of the pink sheet to indicate specifically what was missing.
- Review the required corrective action with the provider.

CAP-MR/DD Guidelines
Special Requirements for Question #8

Auditors: For each service event audited, check the special requirement below and use the ratings below each. If the service audited is not listed below, rate Q 7 = "9"

MR Personal Care Services / Enhanced Personal Care
Enhanced service needs must be reflected in CNR/POC.

Rating
4= enhanced services are clearly reflected in the CNR/POC
2= enhanced services are partially reflected in the CNR/POC
0= enhanced services are not reflected in the CNR/POC

Home and Community Supports

The community component of Home and Community Supports may be used with Residential Supports ONLY in order to meet the day programming needs of individuals who have chosen NOT to receive day programming through a licensed facility. Review the record to determine if the individual is in residential placement and not in a day program through a licensed facility. If so, the individual can receive the community support component of this service

Rating
4= individual is receiving the community component appropriately
0= individual is not receiving the community component appropriately

Respite Care (enhanced)
Enhanced service needs must be reflected in CNR/POC.

Rating
4= enhanced services are clearly reflected in the CNR/POC
2= enhanced services are partially reflected in the CNR/POC
0= enhanced services are not reflected in the CNR/POC